

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10762523 FILING DATE 01-23-04
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		2				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		2				
16						
17	1					
18		1				
19		1				
20		1				
21		2				
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		2				
32		1				
33		2				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.		33				
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						